

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 2-84  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

101

County: Newton  
 Permit #: \_\_\_\_\_  
 Driller: McDonald & Hiel Inc  
 Date drilling completed: 10-6-04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Charles Pierce</u>	Latitude: <u>32° 22' 23"</u> Longitude: <u>89° 15' 21"</u>
Mailing Address: <u>1140 Lawrence Corner Apt 201</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Lawrence MS 39336</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 10 Twn 6N Rng 10E</u>
Telephone No. <u>601 683-6428</u>	Distance <u>3</u> Miles Direction <u>NW</u> of Nearest Town <u>Lawrence</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Chickens

Date well drilling started: Sept 27, 2004 Date well drilling completed: Oct 6, 2004

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 145 feet above or below (circle one) land surface Date measured: 10-6-04

Method of Measurement (circle one)  steel tape  electric tape  air line other: \_\_\_\_\_

Hole depth: 520 Well depth: 520 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite  Mix

Casing length: 410 feet Casing diameter: 4 inches Type of casing: PVC Lower

Screen length: 70 feet Screen diameter: 2 inches Type of screen: PVC SAWED 40

Screen slot size: .10 inches Setting depth: From 450 feet to 520 feet JOHNSON 30

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 370 feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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OCT 13 2004

BY: OLWR

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

McDonald & Hiel Inc #0-8  
 Print Name of Water Well Contractor and License No.

Ben Hiel  
 Signature of Water Well Contractor



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 5-84  
 Elevation: \_\_\_\_\_

County: Newton  
 Permit #: \_\_\_\_\_  
 Driller: McDonald & Hill  
 Date completed: 10-28-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Charles Pierce</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1140 - Lawrence</u> <u>Conehatta Rd</u> <u>Lawrence MS - 39336</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>6N</u> Rng <u>10E</u>
Telephone No. <u>(601) 683-7271</u>	Distance Direction Nearest Town <u>3</u> Miles <u>NW</u> of <u>Lawrence</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<b>Electric Motor</b> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>10-28-04</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-28-04</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <b>Steel Tape</b> <input checked="" type="radio"/>
Static Water Level (A): <u>145</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>25+</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>25+</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>2</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

HAROLD HILL Harold Hill  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

NOV 02 2004

BY: OLWRS